

NJAHPERD Winter Warm Up Fun Run

benefiting



Eliminating Hunger in
Monmouth and Ocean Counties



RACE FEES

Entry Fee postmarked by 1/15/10	\$20
After 1/15/10 & Day of Race	\$25
NJAHPERD members by 1/15/10	\$15



T-shirts guaranteed for pre registered, raceday, while they last

2 Mile Run/Walk

on the promenade in Long Branch

Sponsored by

**New Jersey Association for Health,
Physical Education, Recreation & Dance**
and

McLoone's Pier House

In cooperation with Jersey Shore Running Club

Sunday, January 24, 2010

2:00-3:00	Registration & Check-in Oceanport Room at the Ocean Place Resort & Spa
3:00	Run/Walk START Awards-Social at McLoone's Pier House Appetizers & Cash Bar
4:00	Awards Ceremony

Applications available online at: njahperd.org

Pre Registration deadline: must be postmarked by 1/15/10

Refund Policy: No refunds

NJAHPERD Winter Warm Up Fun Run Registration Form

First Name: _____ Last Name _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Gender: M ___ F ___ Age: _____ T-shirt size: S M L XL (circle one)

NJAHPERD: Member ___ Non member ___ Amount Enclosed _____

Waiver 2010: I know that running a road race could be a hazardous activity and that I should not run unless I am medically able and properly trained. I ASSUME ALL RISKS ASSOCIATED WITH RUNNING THE NJAHPERD WINTER WARM UP FUN RUN, INCLUDING BUT NOT LIMITED TO FALLS, TRAFFIC AND CONDITIONS OF THE ROAD, ALL SUCH RISKS BEING KNOWN AND APPRECIATED BY ME. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, hereby waive and release all sponsors, volunteers and providers of services to the race, their representatives and successors from all claims or liabilities of any kind arising out of my (or entrant's) participation in this event even though the claim or liability may arise out of negligence or carelessness on the part of any person named in this waiver.

Signature _____ Date _____
(Signature of parent or guardian if entrant is under 18 years old)

Please mail completed form and check (payable to NJAHPERD) to:
NJAHPERD, P.O. Box 2283, Ocean, NJ 07712

Need Information? Contact Jackie Malaska
njahperd@verizon.net
732-918-9999